## 2016 APPLICATION 2016

Please check one:  Resident  Family: \$225* / \$240 Single: \$145* / \$160 Senior Citizen: \$35 * Paid before April 15th  Address:  No Refunds after Jun					55	
City:			State:		Zip:	
Home Phone:	Emerge	Emergency Name / Phone:				
Name - Last / First		Da	ate of E	3irth	Sex	
Email Address:  SIGNATURE:  Must abide by all rules. Member Make checks payable to: Middlesex Community	lesex Commu	ınity Po	ol			
Member #: Men	nbership Ty	pe:	Date Received:			